

HealthAngel.com

User Registration / Preferences

Name		<input type="checkbox"/> Monday	<input type="checkbox"/> Lower Body Focus
<input type="text"/>		<input type="checkbox"/> Tuesday	<input type="checkbox"/> Upper Body Focus
Address		<input type="checkbox"/> Wednesday	<input type="checkbox"/> Core Body Focus
<input type="text"/>		<input type="checkbox"/> 6:00 A.M.	<input type="checkbox"/> Total Body Focus
City	State Zip	<input type="checkbox"/> 11:00 A.M.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 3:00 P.M.	<input type="checkbox"/> Arm Injuries
Telephone - Evening	Telephone - Day	<input type="checkbox"/> 6:00 P.M.	<input type="checkbox"/> Leg Injury
<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Back Injuries
E-mail			
<input type="text"/>			

Figure 1


TOP SECRET 3E046860

Healthangel.com - A simple solution to a better body. Get personalized exercises via e-mail, an - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search History Favorites Home

Address <http://www.healthangel.com/> Go



home

how it works

sample routines

tell a friend

facts

join - \$9.95/mo

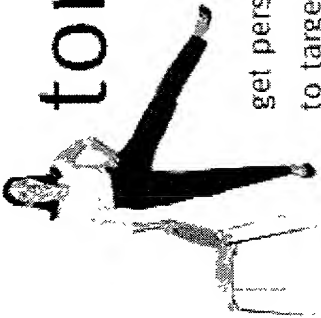
log in

email

password

☐ remember my

Click here for
a free 2 day trial

tone up now...
easy, fast, fun!

get personalized exercises via e-mail, anywhere, anytime,
to target the body parts you want to improve.

Done Internet

Figure 2

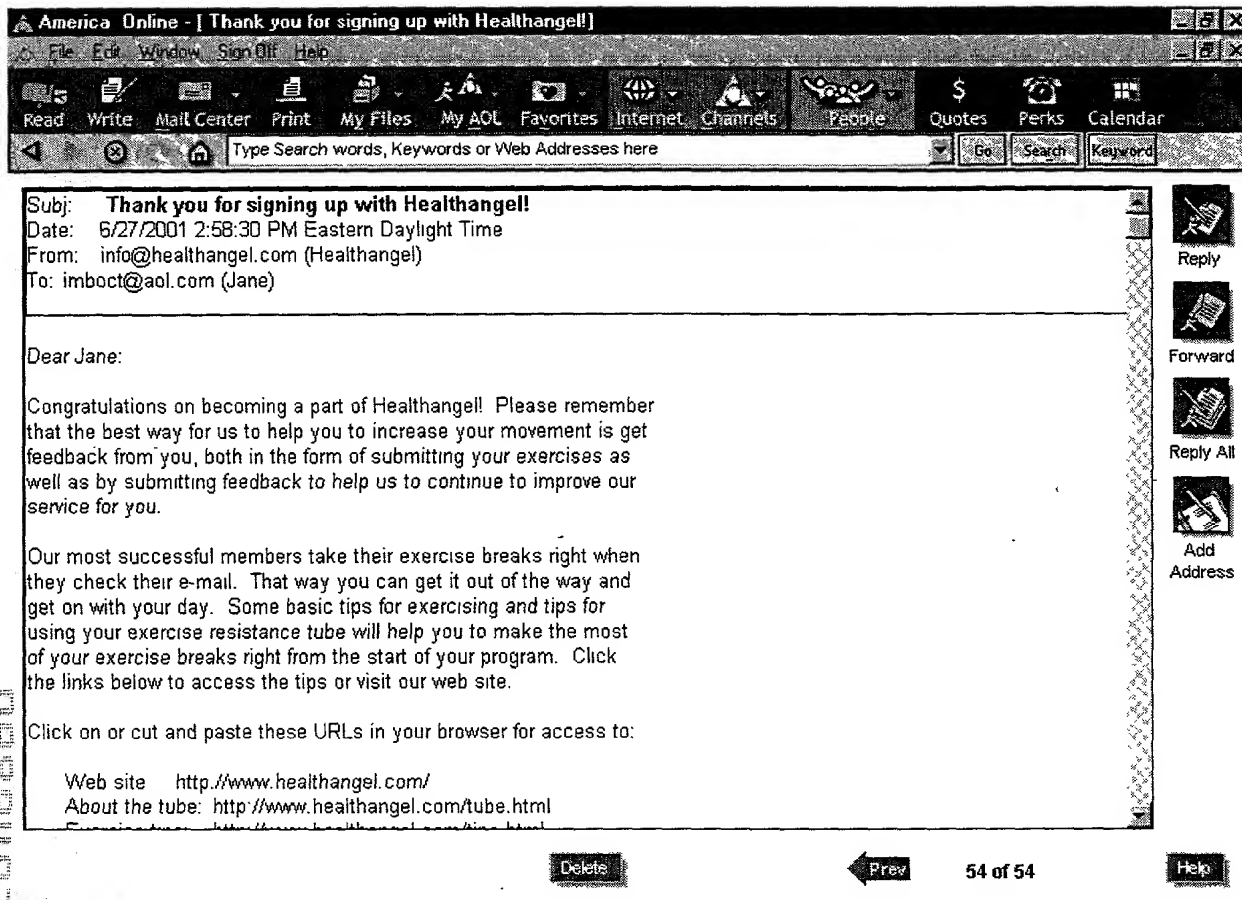


Figure 3a

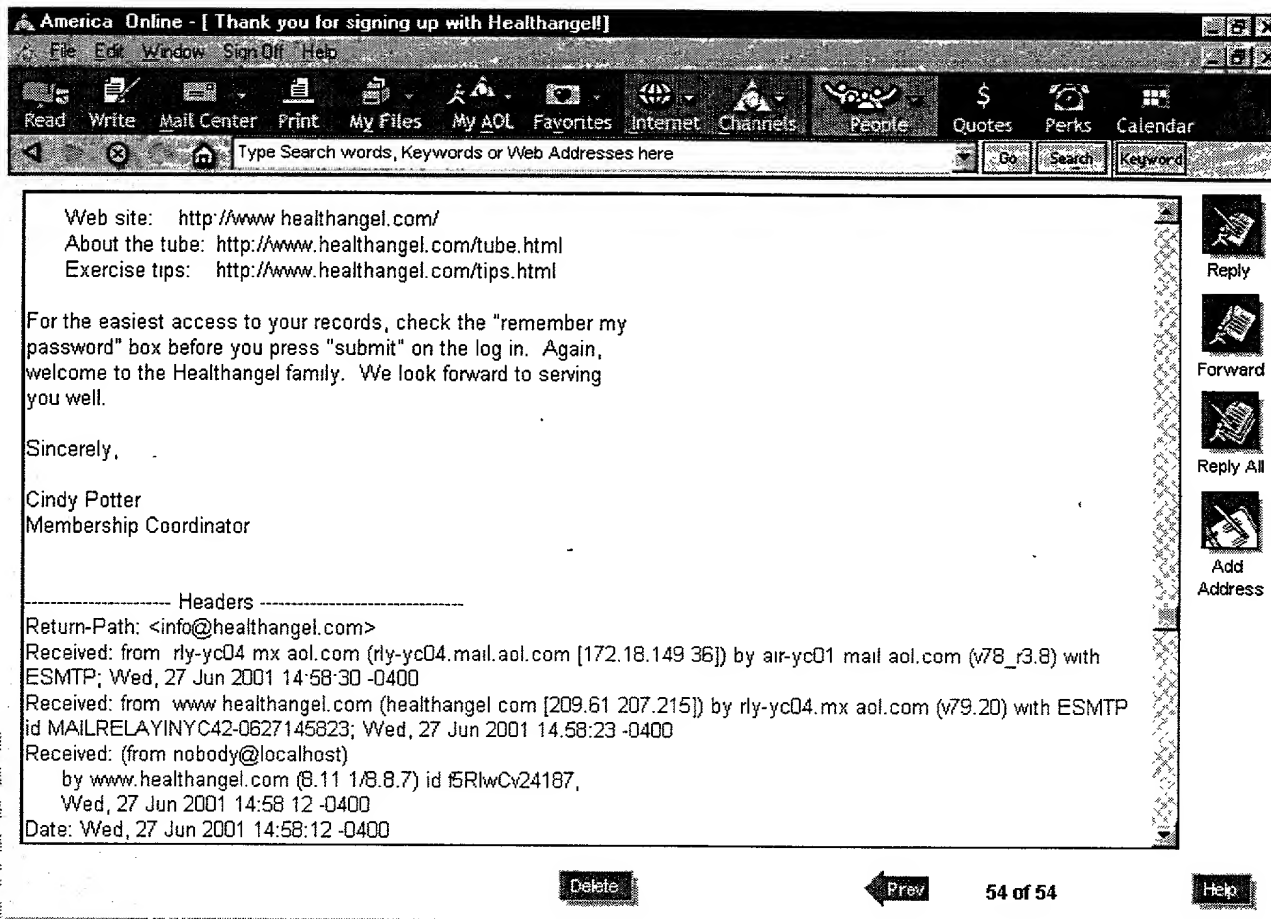


Figure 3b

FOR290" 8E046860

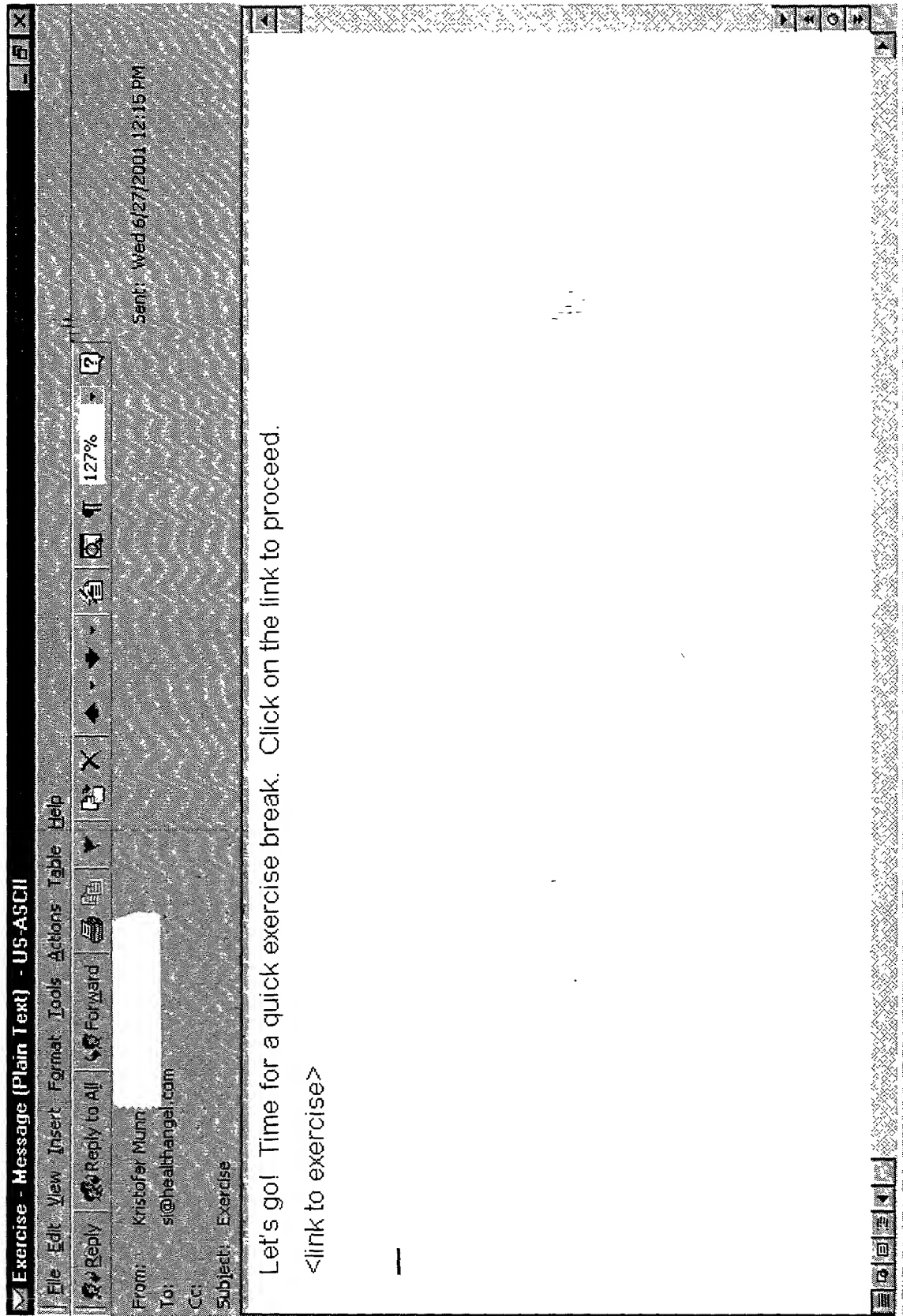


Figure 4


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File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History

Address http://www.healthangel.com/member/exercise.html?ueh=14996&u=3&e=96&l=20&b=1

Go


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Back Fly

Zone: Upper
Bodypart: Upper Back

Assignment: Do 1 set of 10 repetitions

Record Your Results

Enter the total number of repetitions (ie. 10) that you completed for each set assigned and submit.

Set 1:

You may send a message to your fitness representative here:

Want another exercise right now?

☐ Yes ☒ No

Restrictions: You should not do this exercise if you have an upper back injury unless directed by a physician

Done Internet

Figure 5


FOI b7D b7C b7E b7F b7G b7H b7I b7J b7K b7L b7M b7N b7O b7P b7Q b7R b7S b7T b7U b7V b7W b7X b7Y b7Z

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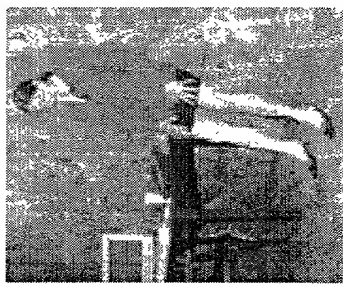
File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History

Address http://www.healthangel.com/member/exercise.html?ueh=15780&u=3&e=1&l=10&b=1

healthangelTM

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Wall Squat [Zone: Lower
Bodypart: Compound]

Assignment: Do 1 set of 10 repetitions

Record Your Results

Enter the total number of repetitions (ie. 10) that you completed for each set assigned and submit.

Set 1:

You may send a message to your fitness representative here:

Want another exercise right now?
☐ Yes ☒ No

Done

Internet

Restrictions: You should not do this exercise if you have a low back or knee injury unless directed by a physician.

Figure 6

FOSS290" 8E046860

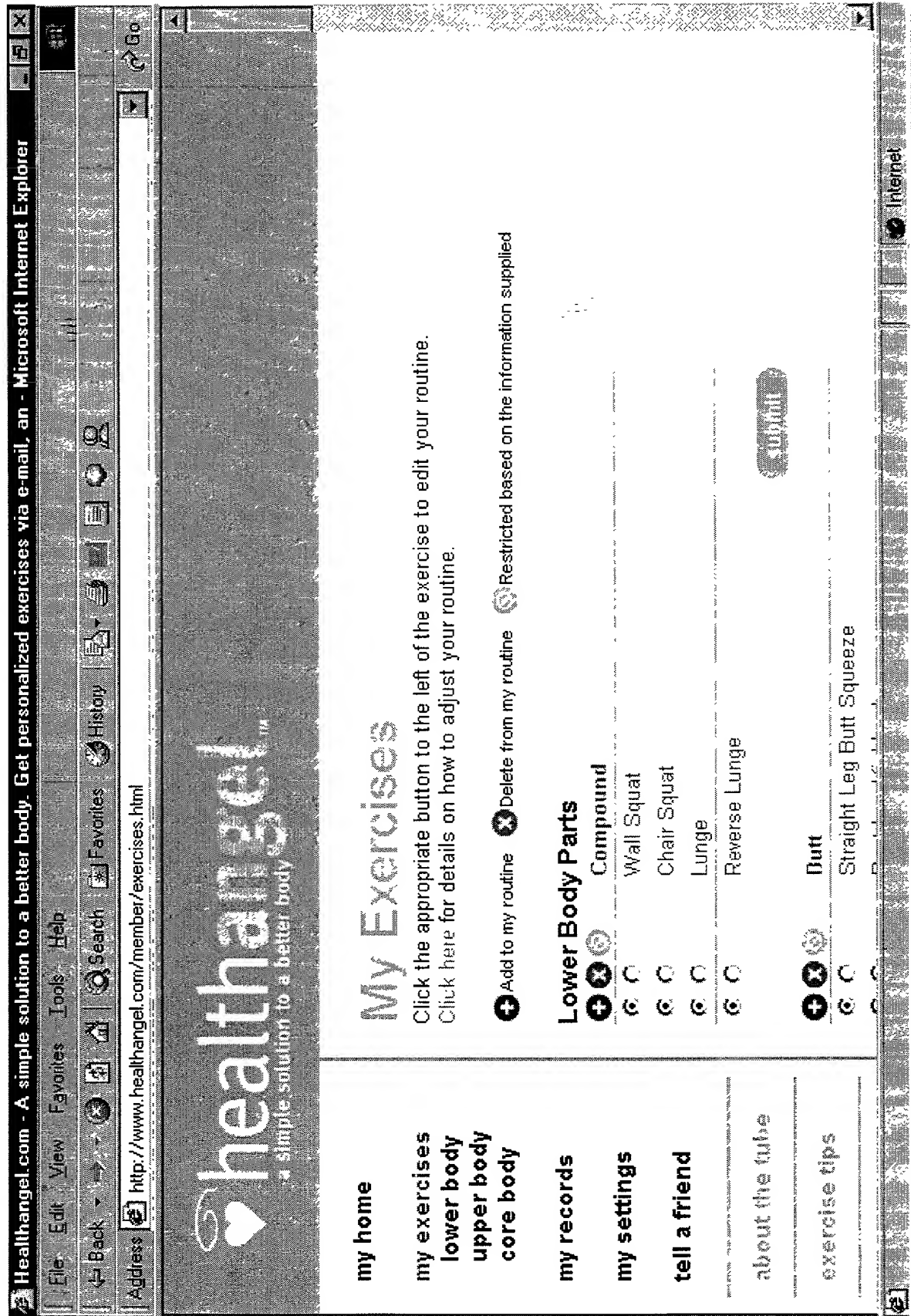


Figure 7

T08290" 8E046860

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File Edit View Favorites Tools Help

Back

Forward

Stop

Home

Search


History

Print

Stop

Go

Address http://www.healthangel.com/member/records.html



a simple solution to a better body

my home

my exercises

my records

my settings

tell a friend

about the tube

exercise tips

Q & A

My Records

Sort by date, zone or body part by clicking the column heading. Click the exercise name to see a description and photos of the exercise or to submit an exercise that you missed.

date	zone	body part	exercise	resistance	set 1	set 2	set 3
06/26/01	Lower	Butt	Kneeling Kickback				
06/26/01	Upper	Upper Back	Bent Over Row with Tube	YELLOW TUBE			
06/25/01	Lower	Compound	Wall Squat		10		
06/25/01	Core	Abdominals	Secret Sit-Up		15		
06/25/01	Upper	Compound	Desk Push-Up				
06/22/01	Lower	Calves	Toes Together Calf Raise				
06/22/01	Upper	Upper Back	Back Fly				
06/22/01	Lower	Quads	Seated Leg Extension				

Figure 8

T08290"8E046860

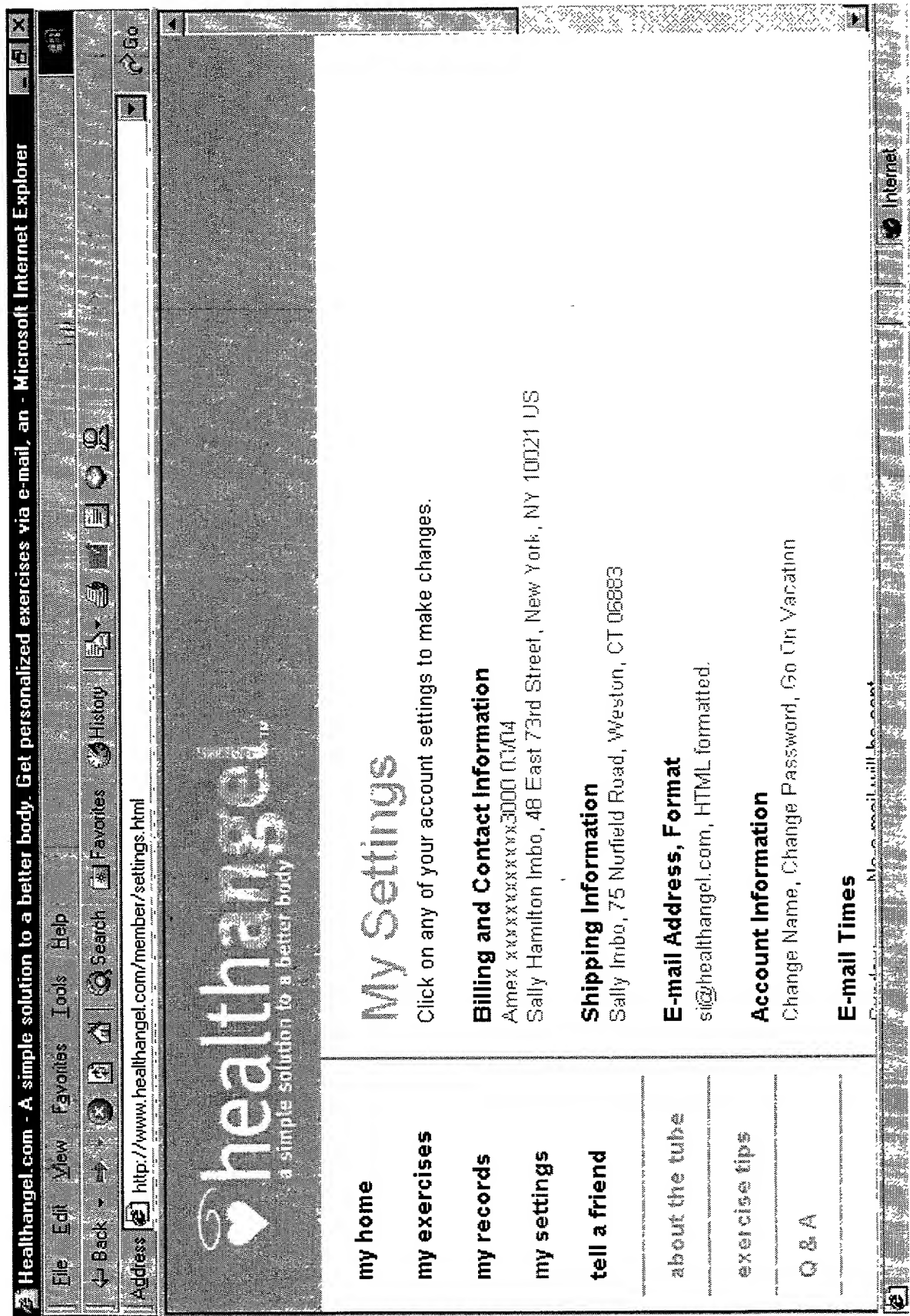
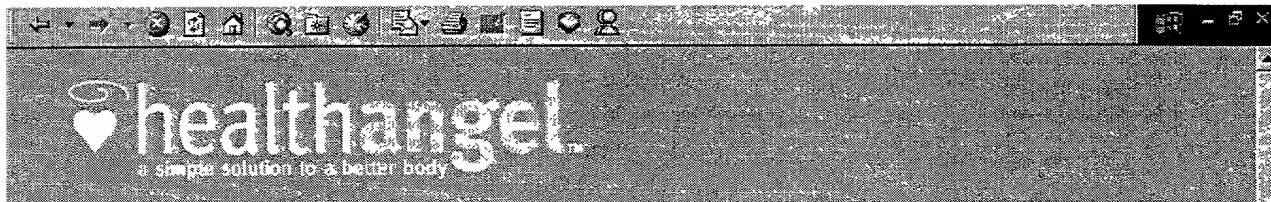


Figure 9



Membership Signup

Name and Account Information

First Name	Preferred Name
Jane	
Last Name	If you would like us to call you by something other than your first name, please enter it here.
Doe	

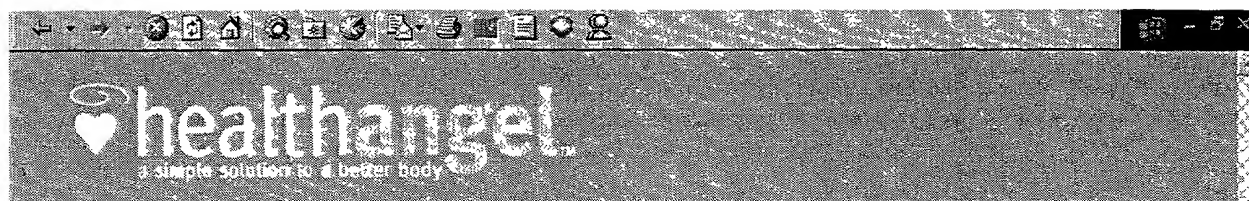
E-mail Address	Choose a password
jimboct@aol.com	*****
Confirm your e-mail address	Please confirm your password
jimboct@aol.com	*****

Password reminder hint
Wet dog

How did you hear about Healthangel?	
Television <input checked="" type="checkbox"/>	Today show <input type="checkbox"/>

Send me ☒ HTML formatted e-mail, ☐ text formatted
* AOL users please be sure to select text formatted e-mail

Figure 10a



Membership Signup

Where will you open and perform your Healthangel breaks?

We have divided our exercises into four categories of environment. They range from the most flexible environment (home/hotel) to the least flexible environment (public office area). Please indicate your comfort level where you will perform your exercise breaks by selecting one of the environments below. We will send you exercises that we have determined are most appropriate for the environment that you have chosen.

Regardless of what you select now, you will have the opportunity to change your environment by logging in and entering the "my settings" section of the web site. We discourage you from changing environments frequently, since that will change the collection of exercises that we send you and thereby affect your progression in those exercises.

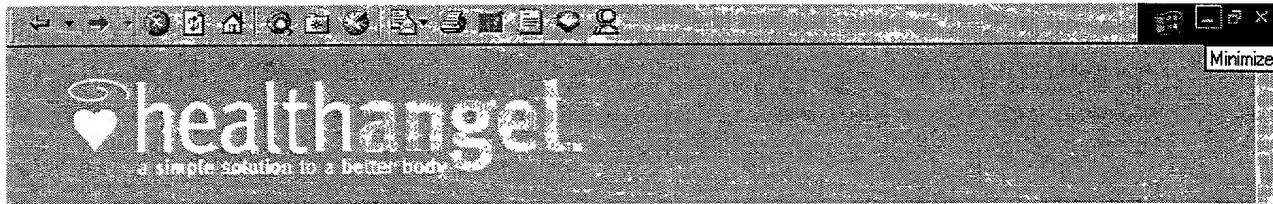
☐ Home/Hotel ☐ Private Office ☐ Semi-Private Office ☐ Public Office

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Figure 10b



Membership Signup

On what days and at what times would you like us to e-mail you?

Check the box by each day you want to receive an e-mail and select up to four times you want to receive them. We suggest starting with two times a day, and adjusting up or down from there.

<input checked="" type="checkbox"/> Mon	1: 9:00 AM	2: 1:00 PM	3: Choose	4: Choose
<input checked="" type="checkbox"/> Tue	1: 9:00 AM	2: 1:00 PM	3: Choose	4: Choose
<input checked="" type="checkbox"/> Wed	1: 9:00 AM	2: 1:00 PM	3: Choose	4: Choose
<input checked="" type="checkbox"/> Thu	1: 9:00 AM	2: 1:00 PM	3: Choose	4: Choose
<input checked="" type="checkbox"/> Fri	1: 9:00 AM	2: 1:00 PM	3: Choose	4: Choose
<input type="checkbox"/> Sat	1: 9:00 AM	2: 1:00 PM	3: Choose	4: Choose
<input type="checkbox"/> Sun	1: 9:00 AM	2: 1:00 PM	3: Choose	4: Choose

Let's synchronize our watches so that you get your breaks on time.

Right now it is Wed at 02:45 PM

Would you like us to send you reminders?

Figure 10c

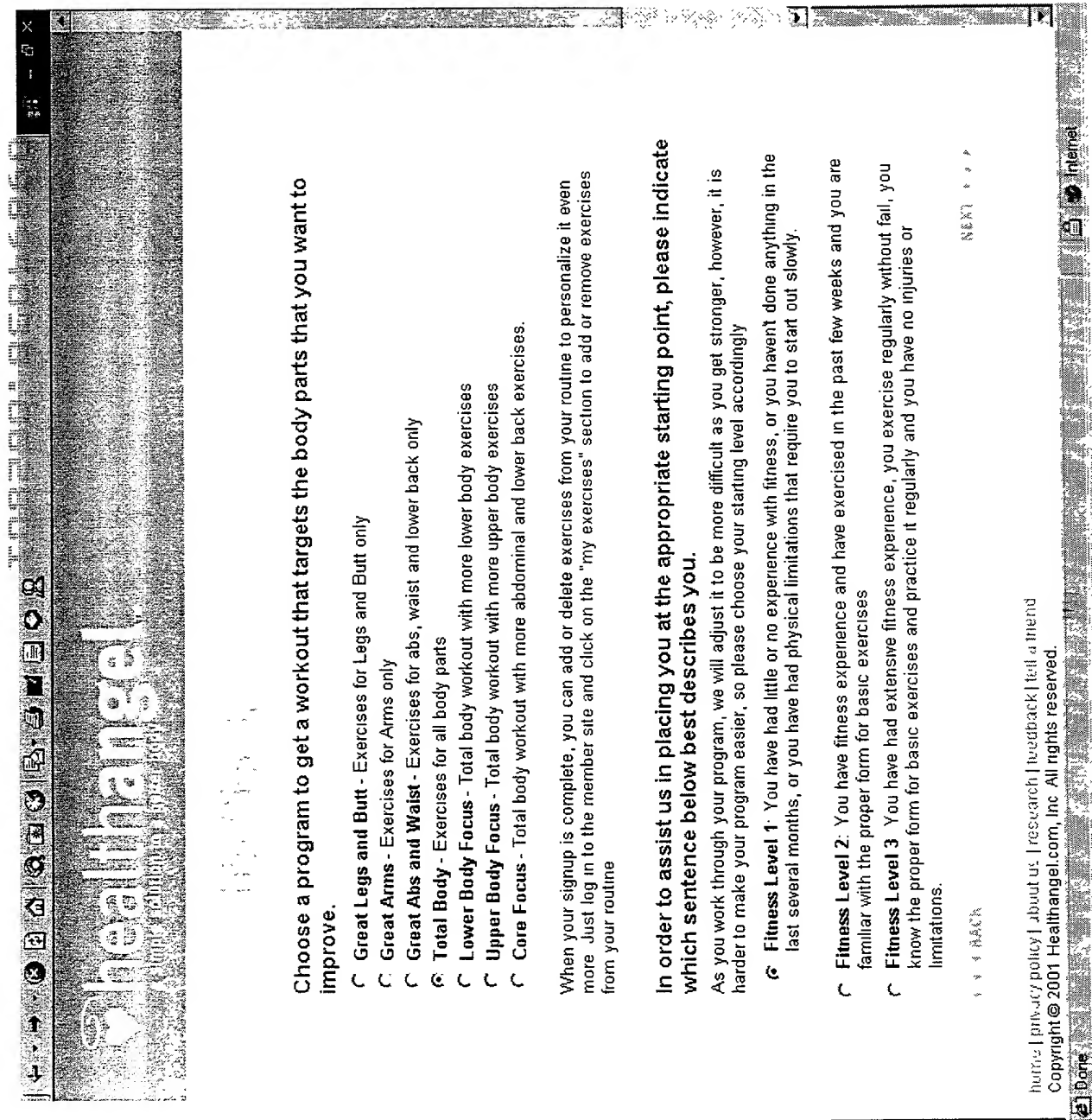
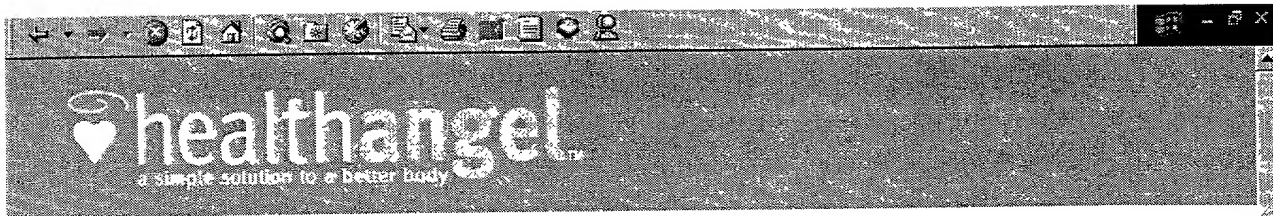


Figure 10d



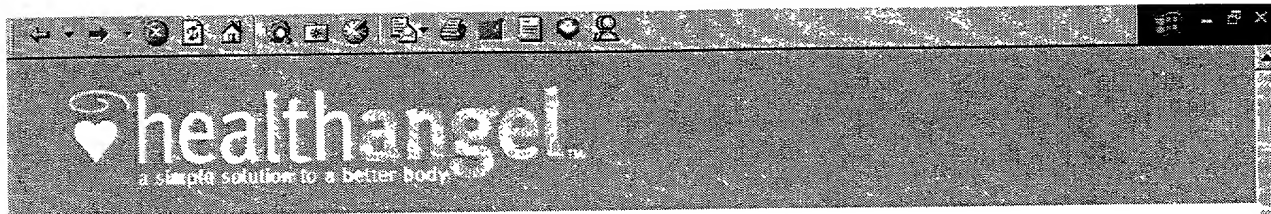
Membership Signup

Please check any area of your body with exercise restrictions or limitations.

Selecting a body part will delete certain exercises from your program that could cause further injury. Please be aware that deleting these exercises will not remove all of your risk of injury, it is still important for you to pay close attention to how your body feels while you are performing any of the exercises that we assign you and discontinue exercise if you have any pain or dizziness. When you have recovered from your injury, you can adjust this setting to have the corresponding exercises added back into your program.

- ☐ **Neck** - e.g. whiplash or strained musculature
- ☐ **Shoulder** - e.g. rotator cuff tear, dislocation, subluxation
- ☐ **Elbow** - e.g. tennis elbow
- ☐ **Wrist** - e.g. carpal tunnel
- ☐ **Hand** - e.g. tendonitis
- ☐ **Upper Back** - *Cervical or Thoracic Vertebrae*, e.g. herniated disk or pinched nerve
- ☐ **Lower Back** - *Lumbar Vertebrae or Sacrum*, e.g. herniated disk
- ☐ **Hip** - e.g. hip replacement, osteoarthritis, or tendonitis
- ☐ **Knee** - e.g. ligament or recent ACL, LCL, MCL, or PCL injury
- ☐ **Ankle** - e.g. tendonitis or ligament injury

Figure 10e



Membership Signup

Billing Information

There is a one-time activation fee of **\$14.95** and the program is **\$9.95** per month. **\$24.90** will be billed to your credit card at this time, **\$9.95** will be billed to your credit card monthly thereafter. You may cancel at anytime. The activation fee is non-refundable and cancellation is not retroactive

Card Type	Card Number	Expiration
VISA		mo / yr



The name and billing information provided below must be identical to the billing information on the credit card you provided above.

Name on the Card	Company
Daytime Phone	Address
Evening Phone	City

Figure 10f

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Membership Signup - Hit SUBMIT to Join!

Review Your New Account Request

Name Jane Doe	Injuries None
Preferred Name Jane	Environment Semi-Private Office
E-mail imboc@.com (Text)	Billing Information Sally Imbo
Additional Equipment None	
Schedule Mon: 9:00, 13:00; Tue: 9:00, 13:00; Wed: 9:00, 13:00; Thu: 9:00, 13:00; Fri: 9:00, 13:00	VISA xxxxxxxxxxxx2795 06/01
Send Reminders? No	Shipping Information Same As Above
Focus Total Body	Charge Amount \$24.90

Figure 10g

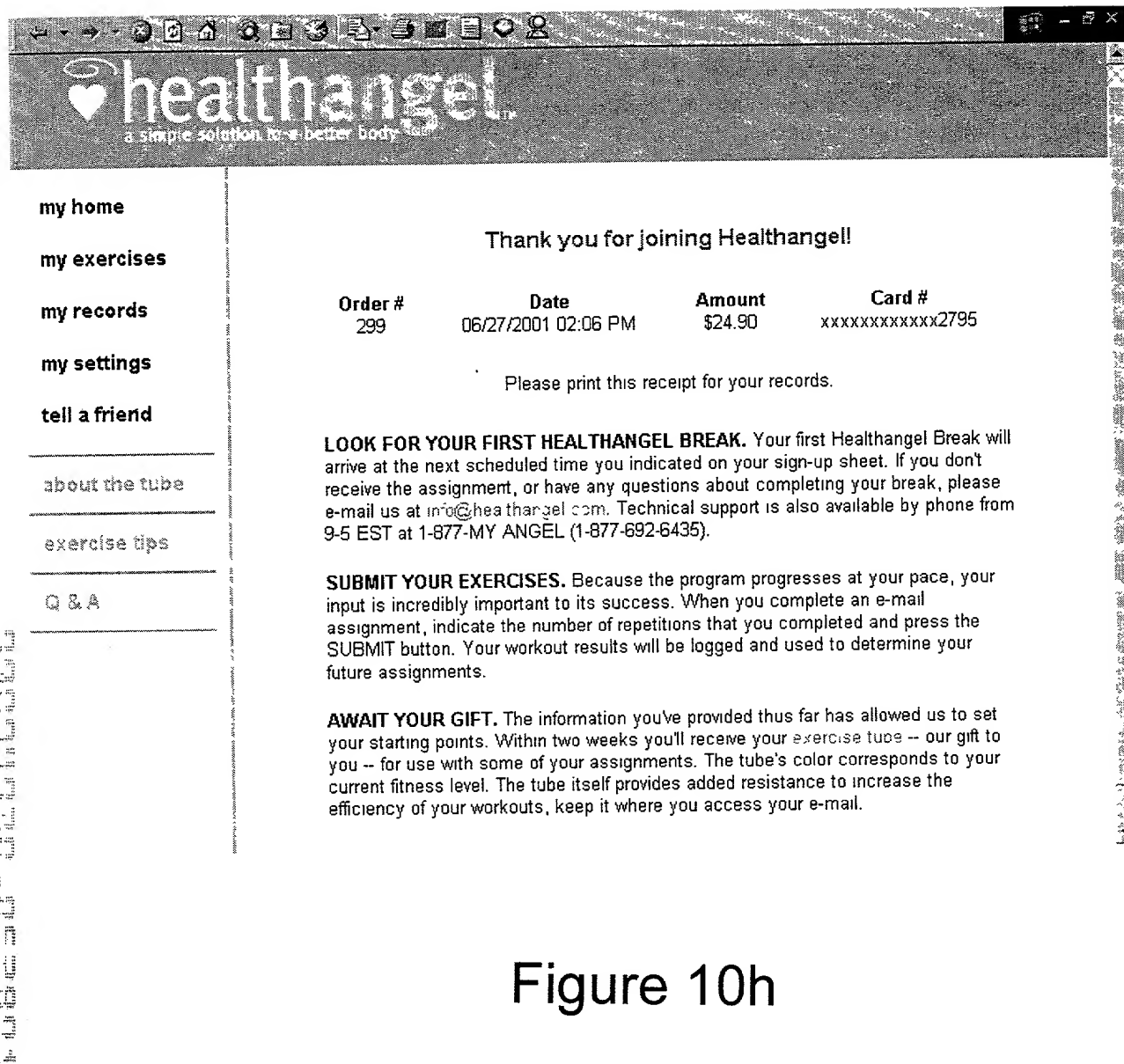


Figure 10h